BOARD OF SUPERVISORS

GREG COX First District

DIANNE JACOB Second District

PAM SLATER-PRICE Third District

> RON ROBERTS Fourth District BILL HORN Fifth District

DOCUMENT CHECKLIST

Effective March 9, 2009

I certify that I have reviewed the enclosed NSP-HA application for accuracy and completeness. I also certify that the financing attached to this NSP-HA loan request does not use any Program prohibited financing. I understand that the NSP-HA loan documents and loan check will not be released to escrow until all the items are received and verified by the County of San Diego Neighborhood Stabilization Program (NSP-HA).

		()	()
Print Name		Phone No.	Fax No.
E-Mail Addr	ess:		
Lender (Age	ncy) Name & Address:		
Borrower Na	nme(s):		
•	SP-HA Loan Amount: \$ UBMITTED:	Application submission date:	Estimated Date of Closing:
	Document checklist		
2. I	(or current "Profit & Calculator Tape, with Verification of Emplo	paystubs - (No more than 1 mor	adic income Max. or have Sporadic Income)
3. I	Bank Statements – 2 most	recent months, on each account	, Savings & Checking.
4. I	nvestment Statements – m	ost recent quarterly statement f	For any IRA, 401(k), or CD accounts.
5. (Gross Income Worksheet		
6. I	Financing Worksheet (3 pa	ages). Numbers must match the	e GFE.
7.	NSP-HA Application comp	pleted by lender, & signed by b	uyers.
8. I	Prohibited Financing Verif	ication Worksheet	

	_9.	Ratio Worksheet - Debt Ratios must meet requirements
	_10.	GFE - Good Faith Estimated Settlement Statement – showing total closing cost, buyer's 2.5-5% of purchase price contribution, and the NSP-HA subordinate loan. Numbers must match the information on the Financing Worksheet.
	_11.	<u>Federal</u> Income Tax returns - (3) three prior years - signed and dated in <u>blue ink</u> by borrower with today's date (or Income Tax Affidavit, if applicable.)
	_12.	1 st Mortgage Loan Application (1003)
	_13.	Credit Report – current within 90 days.
	_14.	Signed Purchase Contract and Addenda, and any counter offers, clearly indicating purchase price.
	_15.	Preliminary Title Report
	_16.	Appraisal & Inspection from an approved appraiser, with the Repair Sheet on top performed within 60 days of purchase offer. (Regardless of the type of 1 st Mortgage financing.)
	_17.	Sign-off of Repairs - by inspector on any health or safety repairs listed on the repair sheet above. (Don't need proof of Termite Clearance.)
	_18.	Home Buyer Education class, copy of Certificate of Completion. If the certificate is in Spanish, please submit a blank copy of that form in English also.
	_19.	Correct vesting requested.
	_20.	Declaration of No Income
	_21.	Income Tax Affidavit
	_22.	Letter of Understanding
	_23.	Student Enrollment Verification
	_24.	Flood Plain Certification
	_25.	HQS Inspection Acknowledgement
Land	_26.	Proof of initial building permit issuance from County of San Diego Department of Planning and Use
	_27.	Verification unit was foreclosed
	28.	Verification unit is within NSP-HA target census areas.

29. Lender Certification that states the lender will traditional mortgages as stated at http://www.fdic.gov/reg30 . Copy of Voluntary Acquisition Letter and veri	gulations/laws/rules/5000-51	<u>60.html</u> .				
Additional Requirements: (initial for verification)						
Occupancy Ratio of buyers moving in: no more	e than 2 people per living spa	ace.				
Buyer(s) must contribute at least 2.5 to 5 percent of the purchase price into the transaction depending on the amount of loan requested and the credit score.						
Cash back to borrower(s), at close of escrow, is borrower(s) minus their required contribution.	Cash back to borrower(s), at close of escrow, is limited to the amount deposited into escrow by borrower(s) minus their required contribution.					
Purchase price must be at least 15% below appraised value.						
I have compiled this file, have kept a copy for my files	s, and I am available to disc	uss it:				
(Lender/Broker Signature)	(Phone)	(Fax)				
E–Mail Address:						

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APPLICATION AFFIDAVIT

Date:						Estimated Date of Closing:
Amount Req	uested: \$					Escrow #:
Lender Loan	#:					Esc. Co. Name:
Originating Lender:	Co. Name:					Street:
Lender.	Street:					City: Zip:
-	City:		Zip:			Contact:
	Contact:					Phone:
	Phone:	Fax			_	Fax:
Funding Lender:	Co. Name:					Please Check: Is there a non-occupying Co-borrower?
Lender.	Street:					□ No □ Yes Name:
-	City:		Zip:			
-	Contact:					
_	Phone:	Fax	:			
Property Address:				Ci	ity:	Zip:
Seller(s):				N: Tr	SP Ta	arget Area lo & Block Group:
Purchase Price:				Appraisal Amount:		Number of Bedrooms:
1st Mortgage Interest Rate	e - First Year:			Term:		
Foreclosure?	•	Abandoned?				
Yes		Yes				
No		No				

Include information below for each applicant. If there are more than two applicants for this purchase, please complete and attach an additional application page 2.

	Applicant #1	Applicant #2	Household
Last Name:			Total Number of Persons in Household:
First Name:			
S.S.N. #:			Type of Household: Single
Street:			Single Parent Married
City:			Married w/children Other
Zip: [Dependents or other household members:
Home Ph:			Name: Age:
Work Ph: [
Occupation:			
Employer Name:			
Emp.Street:			
Emp. City, Zip:			
Gross An Income:	nual		Total Gross Annual Income of Household:
ſ			
	Yes No ☐ Married?	Yes No ☐ Married?	For Each Applicant:
	☐ ☐ To be on Title? ☐ ☐ To be on Note? ☐ ☐ Will Occupy?	☐ ☐ To be on Title? ☐ ☐ To be on Note? ☐ ☐ Will Occupy?	I have reviewed Pages 1 and 2 as completed and agree with the information contained on them.
-	Male Asian Black Hispanic Female White	Male Asian Black Hispanic Female White	Sign or Initial Date
	Other Age:	Female White Other Age:	Sign or Initial Date

TO THE HOMEBUYER:

Thank you for your application to the County of San Diego Neighborhood Stabilization Homebuyer Assistance Program (NSP-HA). Completion of the application process may result in your receiving a NSP-HA loan. It is very important that you take time to read and sign each page of this application before your lender sends it to our office. You are certifying that you understand the Program eligibility guidelines, and believe that you meet those guidelines. Your lender will give you an information packet that should answer your questions about the program. If you have any additional questions, please contact the NSP-HA Program office at the County of San Diego – Department of Housing & Community Development (858) 694-4810.

I, the undersigned, as part of my application for a NSP-HA loan, do hereby state that I have carefully reviewed this document. I understand and agree with the answers on pages 1 and 2 of this Application Affidavit and do furthermore certify the following:

I understand and agree that the answers given on page 1 represent those people who I expect to initially share occupancy of the residence with me. I understand that my spouse, whether on title or not, is an Applicant for the NSP-HA Program and must sign this Application.

I certify that I will submit true and complete copies of my actual signed federal tax returns for the preceding three tax years, or such other written verification that is acceptable to the Program.

I certify that the residence will be occupied and used as my principal place of residence within 60 days of the closing date of the mortgage loan. I certify that the occupancy ratio will not exceed 2 people per living space. I certify that the residence will not be used as an investment property, vacation home, or recreation home. I certify that I will notify the Program in writing if I move out of the property or rent it to others.

I certify that my income does not exceed the program income limits as explained to me by the Mortgage Lender. I understand and agree that if the NSP-HA Loan is issued on my behalf, it may not be transferred or assumed.

I acknowledge and understand that this Application Affidavit will be relied on for determining my eligibility for a NSP-HA Loan. I acknowledge that a material misstatement negligently made by me in this Affidavit or in any other connection with my application for a NSP-HA Loan will result in the cancellation or revocation of the Loan.

Buyer	Date
Buyer	Date
residence has made any negligent or fraudulent mater	s no reason to believe that either the Applicant or the Seller of the rial misstatements in connection with the Applicant's application for a above as accurate and true to the best of the lender's knowledge.
Signature of Lender Representative	Date

Legal Description.

On a separate sheet of paper please provide the **legal description** for the property, with the heading **"Exhibit A"**. Please place the Borrower's last name in the upper right corner of the page.

"Exhibit A"

Legal Description

COUNTY OF SAN DIEGO NEIGHBORHOOD STABILIZATION HOMEBUYER ASSISTANCE PROGRAM (NSP-HA) PROJECTED INCOME SUMMARY

WORKSHEET

BOARD OF **SUPERVISORS**

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PAM SLATER-PRICE Third District

RON ROBERTS

BILL HORN Fifth District

PART A: Income Information Columns

	H/H Member #1		H/H Member #2		H/H Member #	#3
Last Name				-		<u> </u>
First Name		_		-		
Soc. Sec. No.		-		_		<u> </u>
How Often Paid		-		_		<u> </u>
Monthly Wage	\$	-	\$	_	\$	
Bonus	\$	-	\$	_	\$	
Overtime	\$	-	\$	_	\$	
Commissions	\$	_	\$	_	\$	
Part-time Emp.	\$	_	\$	_	\$	
Child Support	\$	-	\$	_	\$	
Mo. Asset Income	\$	-	\$	_	\$	
Other Income	\$	-	\$	_	\$	
F/T Student Income (\$480)) \$		\$	_	\$	
Total Monthly	\$	(i)	\$	_ (ii)	\$	(iii)
Total Projected Gross Ann	ual Household Incom	ne =: (i +	- ii + iii) X 12 = \$_			
Other Income:						
Examples of "Other Inco following examples, and p				ntry you m	nake, circle the appr	ropriate category from the
Alimony	Royalties		Soc. Sec. Benefits		Unemployment C	ompensation
Pensions	Interest		Death benefits		Net Rental Income	
Annuities	Dividend		Public assistance		Veterans Admin.	Compensation
Tips	Disability		Insurance payments		Winnings/Prizes	
Fees	Investment Income		Business income		Severance Pay	
* PART B: Anticipated I If the employer has indicat monthly wage and the effe	ed in writing that an i	ncrease	in income is anticipat	ted within		onths, both the increased
	plicant # 1		Applicant # 2 \$		Applicant #	

^{*} Worksheets submitted with blanks under Part B will be considered "incomplete" and the entire loan request package will be returned to the Lender.

INSTRUCTIONS FOR COMPLETING THE PROJECTED INCOME SUMMARY WORKSHEET

As the Lender, you must complete an income information column for every "Applicant".

NOTE: The following are <u>all</u> "Applicants": (1) Anyone going on the Property Title; (2) Any spouse of an Applicant, regardless of whether the couple is separated or not; (3) Anyone going on the **First Mortgage** "Note" and will occupy the property. **You must include the income for ALL ADULTS, age 18 and over, living in the household to calculate the total, gross annual household income.** Applicants who claim <u>no monthly income</u> must sign and date the "<u>Declaration of No Income</u>" Form. Household members age 18 and over, who attend school "full-time" may have their income "exempted" from the household income calculation, if they submit a "School Enrollment Verification" signed by the school.

"Monthly Wage" Use the gross pay from the most recent pay stub to calculate a projected gross annual income. You can also project an annual income by using the <u>current YTD</u> Gross Income shown on the most recent pay stub, divide by the total plus partial months represented. Partial month example: pay date is August 5. 31 days in August. Divide 5/31 = .16. Divide YTD Gross Income by 7.16 months to determine the "Monthly Wage". Multiply by 12 for a projected gross annual income.

"Other Income" Using the 20 categories of "Other Income" on page 1, ask each Applicant to identify any types of "Other Income" they receive. Circle each category that applies, and write the Applicant's initials in the circle. Enter the monthly total of all "Other Income" for each Applicant on the corresponding blank line.

<u>Documentation</u> Must be submitted with each application to verify the information you enter on page 1 of the Income Summary Worksheet. Required for salaried employees: VOE, two most recent pay stubs, calculator tape or hand written simulation of the calculations you perform. For self-employed applicants, include the prior three year's Federal tax returns and year-to-date Profit and Loss Statement.

"Asset Income" Enter the projected monthly income from all cash assets on the "Assets" line for each Applicant. Assets are defined as cash or items that can be converted to cash. Actual income from the asset (such as Interest Earned), not the principal balance or value of the asset is counted in the gross annual income. In general, the income counted is the actual income generated by the asset (e.g. interest on a savings or checking account). The income is counted even if the household elects not to receive it directly, but to reinvest it. For example, although an applicant may elect to reinvest the interest or dividends from an asset, the interest or dividends is still counted as income.

Assets that should be included: savings accounts and the average 6-month balance of checking accounts; stocks, bonds, savings certificates, cash value of life insurance policies, money market funds, IRA, Keogh and similar retirement savings accounts, other investment accounts and contributions to company retirement/pension funds that can be withdrawn without retiring or terminating employment. Lump-sum payments, such as inheritances, capital gains, lottery winnings (paid in one lump sum), insurance settlements, and other claims are excluded from the calculation of Gross Annual Income. However, the actual interest earned on any of the above excluded types of income is calculated in the Gross Annual Income.

As with other types of income, the income included in Gross Annual Income is the projected income to be received from the asset during the coming 12 months. Several methods may be used to approximate the income from assets. For example, to obtain the anticipated interest on a savings account, the current account balance can be multiplied by the current interest rate applicable to the account. Alternatively, if the value of the account is not anticipated to change in the near future and interest rates have been stable, a copy of the IRS 1099 INT form showing past interest can be used.

Although there is no formalized asset cap per se for the DCCA program, the County reserves the right to decline the application of a household which has available to it an amount of cash assets sufficient to meet all down payment and closing cost requirements of the funding lender, and still have a sizable amount of discretionary cash reserves left over.

Anticipated Income (Part B): You must declare any information you have received from the employer regarding anticipated income increases. Include the anticipated amount and effective date at the bottom of page 1. Federal program guidelines require the DCCA program staff to include this information in calculating the borrower's annualized income. Be sure to write "N/A" on each line where there is no anticipated income. *Worksheets submitted with blanks under Part B on page 1 will be considered "incomplete" and the entire loan request package will be returned to the Lender.



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BILL HORN Fifth District

_, do hereby certify that I do \underline{NOT} receive income from

DECLARATION OF NO INCOME

THIS DOCUMENT IS TO BE SIGNED BY APPLICANTS WHO CLAIM NO INCOME.

The Neighborhood Stabilization Homebuyer Assistance Program (NSP-HA) is funded by the Housing and Economic Recovery Act of 2008. The County of San Diego is required to verify all income of anyone receiving assistance from NSP-HA funds. To comply with this requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing eligibility for the NSP-HA Program.

CERTIFICATION

ANY source. I understand that sources of	income include, but are not limited to, the following:
Employment by Other	Retirement Funds
Unemployment Compensation	Alimony
Social Security	Income from Assets
Workers Compensation	Pensions
Child Support	General Assistance
Education Grants/Work Study	Disability
Self Employment	Union Benefits
AFDC	Family Support
SSI	Annuities
under the full extent of California law. Signature:	Date:
Social Security Number #:	
Witness Name (print or type):	
Witness Signature:	Date:



Borrower's Last Name:

ASSETS							
Household Member				rent Cash Value	Annual Interest Actual Income from Assets		
1. Net Cash Value of withdrawal penalty, o	,		1.				
2. Total Actual Incom	2.						
3. If line 1 is greater results here; if less that			ne by	2% and enter	3.		
	ANTICIF	PATED A	NNU	AL INCOME			
Household Member A. Benefits Other Income					d. Asset Income (Enter the greater of lines 2 or 3 from above)		
4. Totals	a.	b.		c.	d.		
5. Enter total of iter	ns from 4a. tl	hrough 4	d.		5.		



"Applicant Name"

		тррпса	110 1 (41				
ASSETS							
Household Member	Assets Desc	ription	Curi	rent Cash Value	Actual Annual Income from Assets		
Applicant #1	Wells -Check	king	\$	883.47	\$ 0.00		
Applicant #1	Wells -Savin	gs	\$ 1,	377.36	\$ 4.08		
Applicant #1	401K		\$ 24	,733.17	\$ 0.00		
1. Total Net Cash Value of All Assets (If asset has a withdrawal penalty, add 70% of asset) \$ 2,260.83 \$17,313.22 (7) 1. \$19,574.05							
2. Total Actual Annu	2. Total Actual Annual Income from Assets						
3. If line 1 is greater passbook rate) and en		1 .	•	,	3. \$ 391.48		
	ANTICIPA	ATED A	NNU	AL INCOME			
Household Member A. Benefits/ Other Income Salaries Pensions Pensi					d. Asset Income (Enter the greater of lines 2 or 3 from above)		
Applicant #1	\$42,789.02						
Applicant #2	\$ 0.00						
4. Totals	a .42,789.02	b.		c.	d . \$ 391.48		
5. Enter total of iter	5 . \$ 43,180.50						



COUNTY OF SAN DIEGO NEIGHBORHOOD STABILIZATION PROGRAM HOMEOWNERSHIP PROGRAM (NSP-HA)

BOARD OF SUPERVISORS

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BILL HORN

RATIO WORKSHEET

MONTHLY INCOME Applicant #1 Base Income: \$ Other Income: \$ (Other Income: O.T., Bonuses, Commissions, etc)	Other Income: \$	come From	= Base In = Other In Asset In	IONTHLY INCOME come: \$ come: \$ come: \$
Proposed Monthly Payments Borrower's Primary Residence	5			
First Mortgage P & I: Second Mortgage P & I: Hazard Insurance: Taxes: Mortgage Insurance: HOA Fees: Other: Other: Other: Total Primary Housing Exp.: Other Obligations Car payments: Credit Card payments: All Other Monthly payments: TOTAL Monthly payments:	\$\$ \$\$ \$\$ \$\$ \$		Total Annual: \$ Divided by	Income Per Worksheet: 12 = Monthly Income
A. Monthly Housing Expense \$ Total Primary Housing Expense B. Monthly Household Income	Front End Ratio "Housing Ratio" (A divided by B)	C. TOTAL Monthly Passes All Debts, including D. Monthly Househol	Housing.	Back End Ratio Total Monthly Obligations (C divided by D)
\$ Total Gross Monthly Income	=%	\$Total Gross Monthl		=%

Front end ratio maximum: 38% Back end ratio maximum: 48%



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FINANCING WORKSHEET

This worksheet is designed for s	tructuring the financing of a first mo	ortgage, with a NSP-HA loan.
Total Purchase Price:		
Total Closing Costs:		
Total Funds Needed:		
Primary Loan:		
NSP-HA Loan Requested:		
Buyer Contribution:		
LENDER CERTIFICATION The amounts above indicate my	best possible estimate at this time.	_
Signature of Lender		



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PROHIBITED FINANCING

<u>Prohibited</u>	<u>Financing</u>	with NS	<u> P-HA</u>	<u>loans</u> :

Stated Income
Negative Amortization
"Low Teaser Rates"
ARM – with rate increase within first 3 years
"Interest Only" loans
Front end ratio over 38%
Back end ratio over 48%

I certify that the financing attached to this NSP-HA application does not have any of the prohibited characteristics above. I certify that the financing for this transaction complies with the bank regulators' guidance for non-traditional mortgages as stated at http://www.fdic.gov/regulations/laws/rules/5000-5160.html.

Type of Loan:								
Ca	II-HFA	FHA	VA	Cal-Vet	CONV	100% Financed		
First Year Intere	st Rate:							
Is it a <u>Fixed Rate</u>	e loan?	θ Yes	θ Νο	ls t	his a <u>Vari</u>	able Rate Ioan?	θ Yes	θ Νο
Is there a Buy Do	own?	θ Yes	θ No	Doe	es this loa	ın have <u>Neg. Am</u> .?	θ Yes	θ Ν
Is this Ioan an <u>A</u>	<u>RM</u> ?	θ Yes	θ No					
If YES, Number o	of years	First is	fixed _					
Is this Ioan an <u>In</u>	terest C	<u>nly</u> loar	1? θ	Yes θ N	lo			
Lender Represe	ntative s	signatur	е					



HOUSING QUALITY STANDARDS (HQS) INSPECTION ACKNOWLEDGEMENT

Property Location:	
Borrower(s):	
& Urban Development and Cohealth and safety items. This structural components or the cheating and cooling systems, retermites/termite damage. The	l inspect the property using the U.S. Department of Housing bunty Housing Authority Inspection Guidelines for basic inspection does NOT include a detailed inspection of condition of items such as: electrical and plumbing systems, roof, bracing/support system, or the presence of County of San Diego recommends obtaining a complete dition through licensed contractors.
the home's compliance with the	hereby acknowledge that the County's inspection reflects he minimum criteria necessary for health and safety for the the inspection report will be provided to me/us upon
	ected the property described above, is satisfied with the ll responsibility for any necessary repairs, and chooses to
	Date
Borrower	
	Date
Borrower	



INSPECTION GUIDELINES

It is necessary for the unit you plan to purchase to <u>pass</u> a Housing Quality Standards (HQS) inspection before final loan approval. A failed inspection could delay the loan approval and funding of your loan.

	County Department of Housing & Community for housing Quality Standards' (HQS) compli	opment will inspect the following ten (10)
	Living Room Kitchen Bathroom(s) Other rooms used for living Secondary Room	Building Exterior Heating and Plumbing General Health and Safety Garage Outbuildings
<u>CH</u>	ECK THESE CONDITIONS TO MAKE S PASS INSP	
	All major utilities (electricity, gas, or water) must be turned on. The cooking stove and oven must be clean and in working condition. All burner control knobs must be present.	All electrical outlets must have cover plates that are not cracked or broken. There must be no missing, broken or badly cracked windows/window panes.
	The refrigerator must be clean and in working condition. The heating unit must be properly installed and vented and otherwise in good working order. Heater must be operational.	The roof must not leak. No cracking, chipping, scaling or loose paint anywhere inside or outside the unit if a child under age six will reside in the unit.
	You must have hot and cold running water in the kitchen and bathroom(s). There must be a shower or bathtub that is in good working condition.	The carpet or linoleum must not have holes, tears, or loose seams. There must be a flush toilet that works and does not leak.
	Stairs and railings, inside and out, must be secure. A stairway of four or more stairs requires a railing. The bathroom must have a window or	The hot water tank for your unit must have a pressure relief valve and downward discharge pipe. There must be no mice, rats or insect
	working ventilation fan. All accessible outside doors and windows must have working locks. Unit must have at least one exit door without a double-keyed deadbolt lock.	infestation. There <u>MUST</u> be a properly operating smoke detector on every level of the unit. Security bars in the bedrooms must have a quick release device.
	There must be no plumbing leaks or plugged drains.	No excessive debris in or around the unit.

GUIDE FOR NSP Funded Appraisals (49 CFR 24.103)

2.	Name of G	of Property:	
3.	Name of A	Appraisal Company/Appraiser	
		nspection- Outside and insideno windshield survey only. And characteristics of the property being appraised.	n adequate description
	Pro A st Loc Zon Pre Ana Five	ns identified as personal property sperty rights being obtained tatement of the known and observed encumbrances e information cation ning esent Use alysis of highest and best use e year sales history rification of sales by a party involved in the transaction	
	Ade	equate photographs	
5.	A descripti	ion of comparable sales (Field inspection)	
	Leg Ecc Par Sou Ver	ysical characteristics gal characteristics cha	
6.	All relevan	nt and reliable approaches to value consistent with Federal ap	praisal practices.
	approache agency ma wouldn't be	applicable approaches to value considered and explanation of es not used seems reasonable (See appendix a 24.103(a)(2) ay choose to only require the sales approach; additionally the eapplicable to most of these NSP acquisitions with some excapposable and reconciliation of approaches supports appraisers of	 in some cases an income approach likely ceptions of course)
7.	Statement	t of value of real property:	
	Bas Dat Dat Sign	oraised Value sis of Value te of value te of appraisal nature and certification of the appraiser NSP program discount applied to appraised value	

	caused by the project for w	ecrease or increase in the fair marke hich the property is to be acquired, c project other than due to physical det	or by the likelihood that the
9.	Owner retention of improv	vements discussed, if any	
seller is v		et value as determined by State law a r is willing to pay on the open marke ar language:	
	A reasonable time is allow Payment is made in terms arrangements comparable. The price represents the r	med or well advised, each one acting yed for exposure in the open market; s of cash in U.S. dollars or in terms o	of financial sold
	ment of all relevant assump for the particular appraisal a	otions and limiting conditions includin assignment, such as:	g any ones that may be
	Identification of the technoto analyze the data Need for machinery/equip Instructions to the apprais corrective action"	ents and parameters that may be recology requirements, including approament appraisals, soil studies, potentier to appraise the property "As Is" or ontamination to be provided and consapplicable)	ial zoning changes, etc. "subject to repairs or
Other	Evidence of tenants: \(\subseteq \) \(\text{HUD Appraiser Certification Appraiser met grantee's lies.} \)	on in File	
Appraised Va	lue	Date of Value	
	ed	Date of Offer	%Discount
Final Purchas	e Price	Date of Purchase	% Finai Discount
Record of Ne	gotiations, Special Circumstar	nces or Rationale for Purchase Price or	Other Comments:
Name of Revi	ewer:		Date



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INCOME TAX AFFIDAVIT

To be completed only if applicant was not required by law to file income tax returns.

1I certify that I was not required by layear(s) for the reas	aw to file a Federal Income Tax return for the following son(s) stated below.
<u>State Reason</u> – state legal reason you wer	re not required to file tax returns for the year(s) referenced above:
	ate in connection with which I am seeking a NSP-HA loan is occurring nat I have not yet filed my Federal Income Tax Return for the prior tax
a NSP-HA loan. I acknowledge that a rapplication for a NSP-HA loan will constit fraudulently made in this Affidavit or in a NSP-HA loan will constitute a federal vio	fidavit will be relied upon for purposes of determining my eligibility for material misstatement negligently made by me in connection with an aute a federal violation punishable by a fine, and a material misstatement my other statement made by me in connection with the application for a plation punishable by a fine, and any other penalty imposed by law. It is statement, which affects my eligibility for a NSP-HA loan, will result a loan.
•	on or certification I provide contains a material misstatement that is due attically become due and payable to the COUNTY OF SAN DIEGO.
I am signing this Income Tax Affidavit for	one of the two reasons stated and checked above.
Name of Applicant (print or type):	
Social Security Number:	
Signature of Applicant:	Date:



COUNTY OF SAN DIEGO NEIGHBORHOOD STABILIZATION PROGRAM (NSP-HA)

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PAM SLATER-PRICE Third District

RON ROBERTS

BILL HORN Fifth District

STUDENT ENROLLMENT VERIFICATION

To be completed for Adults (18 years old and over), who are full-time students, and will not be going on the Title or the Note of the First Mortgage financing in connection with the County of San Diego Neighborhood Stabilization Program (NSP-HA) Program loan.

Primary Bo	orrower:	_
Property A	ddress:	
•	•	n Diego to verify enrollment information for adult household members for hold's eligibility for the NSP-HA program.
Name of Stu	udent	Social Security Number of Student
Student – D	Pate of Birth	
		student and not going on the Title of the property, \$480 of my annual ation of the household annual income.
Signature:	Student	Date
*****	*******	*********************
Required:	Please attach a current s	semester transcript for verification.
*****	********	**********************

The below information should be completed and signed by a bona fide representative of the educational institution. If you have any questions regarding this document, please call the NSP-HA Program Administrator at (858) 694-4810.

ENROLLMENT INFORMATION

Please Print:				
Name of Student:				
The student is enrolled for units from	to		(dates)	
And is considered: [] Full time [] Part time				
Name of Educational Institution:				
Address:				
Street	City	State	Zip	
Phone No.:				
Name:	Title:			
Signature:	Date:			



BOARD OF SUPERVISORS

GREG COX First District

DIANNE JACOB Second District

PAM SLATER-PRICE Third District

> RON ROBERTS Fourth District

BILL HORN Fifth District

LETTER OF UNDERSTANDING

To be signed by the **Non-Occupying Co-Signer** of the first mortgage in connection with the County of San Diego Neighborhood Stabilization Homebuyer Assistance Program loan.

Primary Borrower:	
Property Address:	
	erenced above, I have agreed to co-sign the first mortgage for the first mortgage. I understand that I am not a party e primary Borrower is also applying.
I understand that if the primary Borrower ceases to occ payable immediately, regardless of whether I occupy the	cupy the property, the NSP-HA loan will become due and ne property.
Print Name: (1) Co-Signer or Co-Mortgagor	
Signature: (1) Co-Signer or Co-Mortgagor	Date
Print Name: (2) Co-Signer or Co-Mortgagor	
Signature: (2) Co-Signer or Co-Mortgagor	Date



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BILL HORN Fifth District

LENDER CERTIFICATION

Property Address:
Buyer Name:
I am the Lender for the Buyer and Property listed above.
I certify that the financing for this transaction complies with the bank regulators' guidance for non-traditional mortgages as stated at http://www.fdic.gov/regulations/laws/rules/5000-5160.html .
I acknowledge that any material misstatement negligently or fraudulently made by me in connection with this NSP-HA loan application is a violation punishable by a fine and revocation of the NSP-HA loan, in addition to any criminal penalty imposed by law. <u>I understand that I can phone the Program Administrator at (858) 694-4810, if I have questions regarding this document or transaction.</u>
Date:
Name of Lender (Type or Print):
Lender Signature (in blue ink):



County of San Diego

CATHERINE TROUT LICHTERMAN Director

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

3989 RUFFIN ROAD, SAN DIEGO, CALIFORNIA 92123-1815

Tel.: (858) 694-4801 Fax. (858) 694-4871 TDD: (858) 694-4884 Toll-free: 1 (877) 478-5478

VOLUNTARY ACQUISITION INFORMATIONAL NOTICE TO SELLER(S)

Date:	Purchase Price: \$
Name(s) of Seller(s)	
Name(s) of Buyer(s)	
Residential Property Address/Parcel No.:	
providing assistance from the U.S. Depart	Housing and Community Development, is interested in tment of Housing and Urban Development under the he above Buyer(s) to acquire the property you own.
however, in the event you the Seller(s) is/are is	go possesses eminent domain authority to acquire property, not interested in selling your property, or you cannot reach the purchase of your property, the County of San Diego will n.
1 1 7	Neighborhood Stabilization Program and is not part of an where substantially all of the property within the area is to
	into an agreement with you to purchase your property for least 15% under the current market value of your property. Le of your property is \$
	Assistance and Real Property Acquisition Policies Act lt of a voluntary acquisition are <u>not</u> eligible for relocation
Please complete the Acceptance and Acknowle	edgement of Receipt below and return an original copy.
ACCEPTANCE AND ACKNOWLEDGEM	ENT OF RECEIPT:
I/we	affirm
	ribed transaction and accept and acknowledge receipt of
Signature of Seller	Date
Signature of Seller	Date